



04-16-01

AF/2724/\$

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/430,792	
	Filing Date	30 OCT 99	
	First Named Inventor	Mark F. Jones	
	Group Art Unit	2724	
	Examiner Name	A. Do	
Total Number of Pages in This Submission	47	Attorney Docket Number	JONES003

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Technology Center 2600**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached CK# 1451	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Three (3) copies of Brief
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Sent by Express Mail EF037519425US	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John G. Costa
Signature	
Date	13 APRIL 2001

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 13 APRIL 2001			
Typed or printed name	John G. Costa	Date	13 APRIL 2001
Signature		Date	13 APRIL 2001

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PTO/SB/17 (11-00)  
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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 155

## Complete If Known

Application Number	09/430,792
Filing Date	30 OCT 99
First Named Inventor	Mark F. Jones
Examiner Name	A. DO
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## METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number   
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130 205 65		Surcharge - late filing fee or oath	
127 50 227 25		Surcharge - late provisional filing fee or cover sheet	
139 130 139 130		Non-English specification	
147 2,520 147 2,520		For filing a request for ex parte reexamination	
112 920* 112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840* 113 1,840*		Requesting publication of SIR after Examiner action	
115 110 215 55		Extension for reply within first month	
116 390 216 195		Extension for reply within second month	
117 890 217 445		Extension for reply within third month	
118 1,390 218 695		Extension for reply within fourth month	
128 1,890 228 945		Extension for reply within fifth month	
119 310 219 155		Notice of Appeal	
120 310 220 155		Filing a brief in support of an appeal	155
121 270 221 135		Request for oral hearing	
138 1,510 138 1,510		Petition to institute a public use proceeding	
140 110 240 55		Petition to revive - unavoidable	
141 1,240 241 620		Petition to revive - unintentional	
142 1,240 242 620		Utility issue fee (or reissue)	
143 440 243 220		Design issue fee	
144 600 244 300		Plant issue fee	
122 130 122 130		Petitions to the Commissioner	
123 50 123 50		Processing fee under 37 CFR 1.17(q)	
126 180 126 180		Submission of Information Disclosure Stmt	
581 40 581 40		Recording each patent assignment per property (times number of properties)	
146 710 246 355		Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710 249 355		For each additional invention to be examined (37 CFR § 1.129(b))	
179 710 279 355		Request for Continued Examination (RCE)	
169 900 169 900		Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 155

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710 201 355		Utility filing fee	
106 320 206 160		Design filing fee	
107 490 207 245		Plant filing fee	
108 710 208 355		Reissue filing fee	
114 150 214 75		Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims <input type="text"/> - 20** = <input type="text"/>	X	<input type="text"/>	<input type="text"/>
Independent Claims <input type="text"/> - 3** = <input type="text"/>	X	<input type="text"/>	<input type="text"/>
Multiple Dependent <input type="text"/>		<input type="text"/>	<input type="text"/>

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18 203 9		Claims in excess of 20
102 80 202 40		Independent claims in excess of 3
104 270 204 135		Multiple dependent claim, if not paid
109 80 209 40		** Reissue independent claims over original patent
110 18 210 9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

Name (Print/Type) John G. Costa

Signature

Registration No. 35,482  
(Attorney/Agent)

## Complete (if applicable)

Telephone (845) 691-5851

Date 13 APRIL 2001

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